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LAZARUS CORPORATE FILING SERVICE, INC.

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(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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-07/22/99--01068--009

*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. L.F. MEDICAL SUPPLIES CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)



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2:00



Certified Copy



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Photocopy



Certificate of Status

FILED
99 JUL 22 PM 3:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
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TALLAHASSEE FLORIDA

7/22
Examiner's Initials

ARTICLES OF INCORPORATION

FILED
99 JUL 22 PM 3:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The under signed incorporator (s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

Article I - NAME:

The name of the corporation shall be:

L.F. MEDICAL SUPPLIES CORP.

Article II - PRINCIPAL OFFICE:

The principal place of business and mailing address of this corporation shall be:

3446 S.W. 8 STREET, OFFICE # 209
MIAMI, FLORIDA 33135

ARTICLE III - SHARES:

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS:

HECTOR DIAZ
3446 S.W. 8 STREET, OFFICE # 209
MIAMI, FLORIDA 33135

Articles V – INCORPORATOR (S):

The name(s) and street address(s) of the incorporator(s) to these Articles of Incorporation is (are):

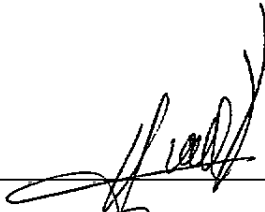
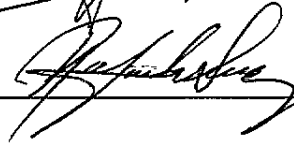
HECTOR DIAZ (3446 S.W. 8 STREET, OFFICE # 209 MIAMI, FLORIDA 33135)
RAFAELA SUAREZ (SAME)

ARTICLE VI – DIRECTOR (S):

The name(s) and street address(s) of the director(s) to these Articles of Incorporation is (are):

(P) HECTOR DIAZ (3446 S.W. 8 STREET, OFFICE # 209 MIAMI, FLORIDA 33135)
(VP) RAFAELA SUAREZ (SAME)

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this
21 day of July, 1999

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to provisions of sections 607.0501 or 617.0501, Florida statutes, the Undersigned Corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

L.F. MEDICAL SUPPLIES CORP.

2. The name and address of the registered agent and offices is:

HECTOR DIAZ (3446 S.W. 8 STREET, OFFICE 3 209 MIAMI, FLORIDA 33135)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATE: 7/21/99

SECRETARY OF STATE
TALLAHASSEE FLORIDA

99 JUL 22 PM 3:08